

Rockdale County Parks and Recreation Department

Therapeutic Recreation Registration Form

Mail: PO Box 224, Conyers, GA 30012 Phone: 770 785 5922 fax: 770 785 6884
In person: Johnson Park, 1781 Ebenezer Road, Conyers, GA. 30094

Program Information Contact: Tom McPike 770 918 6306, e-mail: tom.mcpike@rockdalecounty.org

General Information:

Date _____

Participant's Name _____ male/female (circle one)

Address _____ DOB _____

City _____ State _____ Zip Code _____

Email _____ School _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Insurance Provider _____ Name of Insured _____

Programs to Register :

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

Payment: Fee \$ _____ Ck# _____ Receipt# _____ Date _____

Make Checks Payable to: Rockdale County Parks and Recreation

Credit Card Payment: Visa MasterCard American Express (circle one)

Card Number _____ Exp.date _____

Name on Card: _____

Address of Cardholder: _____

Street zip

Medical Background Information

Circle all that applies:

Intellectual Disability

Down Syndrome

Learning Disability

Behavior Disorder

Mobility Limitation

Blind/Visual Impairment

Communication Disorder

Brain Injury

Autism

Emotional Disability

Seizure Disorder

Deaf/Hard of Hearing

Asthma

Spinal Injury/Fusion

No Disability

Wheelchair manual/electric

Nonverbal

Sign Language

Close Supervision

Cane/Walker

Tactile averse

First Language _____

Atantoaxial Subluxation

Other _____

List Medications: _____

List Allergies: _____

List Dietary Restrictions: _____

List Pacemaker or Inhaler Type: _____

List Assistive Devices Used: _____

List any special assistance or needs: _____

Other pertinent medical information _____

Comments/Other Information: _____

Picture ID is required to release a child. Your program tuition must be paid in advance for your child to attend. RCPR retains the right to dismiss a patron due to non-payment of tuition or for behavior reasons.

Refund Policy:

Refunds, less 25% for administrative costs, must be requested in writing prior to the beginning of a class.

Refunds, less 25%, requested in writing after a class has begun must be accompanied by a doctor's statement of the participant's incapacitating illness or injury.

Travel & Photo Waiver/Release Form:

I, _____, hereby grant permission for my child _____ to participate in Rockdale County Parks & Recreation programs. I hereby, for myself, my child, my heirs, executors, administrators, waive and release all rights and claims for damages my child may have against the Rockdale Parks & Recreation Department, its representatives, successors, and assigns for any and all injuries suffered by my child riding in a county or rented vehicle for Rockdale County Parks and Recreation Department programs. Furthermore, I hereby, for myself, my child, my heirs, executors, administrators, grant permission for (my child) to appear in still or motion pictures using (my child's) name for educational, promotional or other proper purposes only

Waiver: I, the above named, or legal guardian of the above named child, hereby agree to save and hold harmless Rockdale County, members of the Board of Commissioners, and all employees of Rockdale County, including all individual who are affiliated with the programs administered by the Parks and Recreation Department of Rockdale County, as coaches or otherwise, as the result of personal or bodily injury or damages to me, my child or my ward caused by negligence or other acts of any of the above named individual or entities while participating in any activities administered by the Parks and Recreation Department of Rockdale County, while coming to and going to those activities, and further release and agree to fully indemnify them from liability in the event that damages are awarded against any of the above arising out of injuries to me or my child or my ward. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from those activities.

I understand that health or accidental insurance, which would cover my child's medical, hospital or related expenses in the event of injury in this activity, is my responsibility. I acknowledge that the Parks and Recreation Department of Rockdale County strongly recommends that if I do not have sufficient insurance to cover such incidents that I take the necessary action to obtain it.

Signature

Date

